



STATE OF MISSOURI  
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
MISSOURI TECHNOLOGY EDUCATION  
GRANT AWARD PROGRAM

**FINAL PROGRESS REPORT FORM**

PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN BY **JUNE 1**.

**I. GENERAL INFORMATION**

SCHOOL DISTRICT

PERSON SUBMITTING REPORT

E-MAIL ADDRESS (IF APPROPRIATE)

1. Percentage of **funded** grant-related curriculum developed by fiscal year end (if applicable): \_\_\_\_\_ %
2. Percentage of grant-related curriculum revisions by fiscal year end: \_\_\_\_\_ %
3. Percentage of grant-related program inservice participated in by fiscal year end: \_\_\_\_\_ %
4. Percentage of grant-related resources (other than equipment) received by fiscal year end: \_\_\_\_\_ %
5. Percentage of grant related equipment received by fiscal year end: \_\_\_\_\_ %
6. What major highlights (public relations, learning, school interest) have taken place in your school district as a result of this project? (use additional sheets if necessary)

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**II. PROBLEMS/OBSTACLES**

*Overall, what are the largest problems or obstacles encountered in this project? (use additional sheets if needed)*

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*Are these problems transferable to other districts? If so, how can these be minimized during future grants?*

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**III. EQUIPMENT & VENDOR INFORMATION**

Please provide feedback on your vendor's ability to meet your program's needs (use additional sheets if needed).

EQUIPMENT PURCHASED	VENDOR	QUALITY RATING 1=WOULD NOT RECOMMEND 2= POOR 3= FAIR 4=GOOD 5=EXCELLENT	
		SALES	SERVICE
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**IV. FV-4 (BUDGET INFORMATION)**

	EQUIPMENT	OTHER (Curr., etc.)
TOTAL Grant Amount (state + local):		
Amount of Grant dollars spent:		
Amount Remaining (Equip. backordered, price cuts, etc.):		
<b>BALANCE/DEBIT</b>		

If balance exists, will you spend the remaining dollars (Y/N)? ☐ YES ☐ NO  
(new FV-4 required for new/previously unapproved/additional equipment)

HOW MUCH ADDITIONAL FUNDING ARE YOU REQUESTING?

If additional dollars become available, list the equipment in the cluster areas in which you will be spending these dollars:

MATERIALS & PROCESSES	COMMUNICATIONS	ENERGY & POWER

**V. FUTURE APPLICATIONS**

List the future applications of equipment and materials obtained through this project.

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## **VI. PROGRAM GOALS AND PHILOSOPHIES**

*Briefly discuss how this grant has further developed and/or revised your and your program's goals and philosophies.*

## VII. MISSOURI ACTE/TEAM

*Per your signed project assurances, you have agreed to participate in the GAP Postservice meeting at the Missouri ACTE Technology Education Association of Missouri summer conference. The primary focus of this postservice meeting is the Technology Activity Exchange. This exchange is an informal activity where teachers interact with other teachers and discuss various technology activities and equipment. For this exchange we are planning for all of our GAP teachers to bring at least one piece of equipment along with written guidelines documenting the equipment, vendor information, and analysis (both positive and negative) of the equipment (for specific dates and guidelines, please refer to your grant packet).*

*Which equipment and activities will you be demonstrating at the Missouri ACTE Technology Activity Exchange?*

*Will you need assistance in setting up the equipment (load-in/load-out, etc.)?*

## VIII. TE GAP PROCESS IMPROVEMENTS

*As you prepare to conclude your grant, please offer your suggestions for improvements to the Grant Awards Program.*

Please forward by **June 1** to:

State Supervisor of Technology Education  
Attn: Grant Awards Final Report  
Missouri Department of Elementary and Secondary Education  
P.O. Box 480, Jefferson City, MO 65102-0480  
VOICE: 573.751.7764 FAX: 573.526.4261 or 526.3992